

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
Fax #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

INFORMATION FOR APPLICATION FOR CERTIFIED SOCIAL WORKER, ADVANCED PRACTICE SOCIAL WORKER, AND INDEPENDENT SOCIAL WORKER

THERE ARE THREE (3) TYPES OF SOCIAL WORK CERTIFICATES. THEY INCLUDE THE FOLLOWING:

Social Worker: Certification as a Social Worker ("CSW" or "Basic-Level Social Worker") requires a Bachelor's or higher degree in social work and passage of the **basic** level national exam (ASWB Bachelor's Examination)

Advanced Practice Social Worker: Licensure as an Advanced Practice Social Worker ("APSW") requires a Master's or higher degree in social work and passage of the **intermediate** (ASWB Master's Examination) level national exam.

Independent Social Worker: Licensure as an Independent Social Worker ("ISW") requires a Master's or higher degree in social work, passage of the **advanced** (ASWB Advanced Generalist Examination) level national exam or verification of certification from ACSW of NASW, and verification of at least 3,000 hours of supervised social work practice.

Certification or licensure is required for use of the following titles: "Social Worker", "Advanced Practice Social Worker," and "Independent Social Worker".

Reciprocal Applicants: (applicants who currently hold a credential in another state)

Reciprocal equivalency compares the state jurisdictional licensing standards to that of WI licensing requirements to determine if substantially equivalent. All reciprocity applications are reviewed by the Section and the rules and regulations of that state must be submitted by the applicant. It is not based on your individual qualifications.

Temporary Credentials: (temporary credentials for Social Worker, Advanced Practice Social Worker, or Independent Social Worker)

A temporary credential permits you to practice and use a title if you have completed all the requirements except the exam, and can be issued for an additional \$10.00 fee. The temporary credential expires upon notification of successful completion of examination or expiration of the 9-month period, whichever is earlier. It may be renewed once. Temporary permits are not applicable for reciprocal applicants, applicants who have already completed the national exam or applicants that completed the Social Work Training Certificate.

National Examination, Association of Social Worker Boards(ASWB):

- Required of all eligible applicants. If you have already taken the ASWB examination for the same level you are applying for in Wisconsin, **that score will be accepted if sent directly from ASWB**. Contact information for ASWB may be found under 'study guides' below.
- Eligibility will be determined upon receipt of a completed application, appropriate fee, and other requirements.
- DSPS will issue approval with examination instructions when all requirements have been met.
- The ASWB examinations are administered year round at specific sites within the state. After receipt of approval, contact ASWB at 1-888-579-3926 for the dates and further instructions.

If you fail the examination, you will be required by ASWB to wait 90-days before retaking the examination. Call ASWB to schedule another examination date.

If you need re-authorization approval sent to ASWB, please contact the DSPS at dspscredjointbd@wi.gov.

ASWB Guide to Social Work Exams: Candidates may purchase a guide to Social Work exams by contacting ASWB directly at 1-888-579-3926 or www.aswb.org.

Scores: Wisconsin requires a scaled score of 70 or above to pass the examination.

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Wisconsin Statutes and Rules Examination:

The Wisconsin Statutes and Rules examination is an open book examination relating to the practice of social workers. If you have taken the Social Work jurisprudence examination within the last five (5) years, you do not need to retake this examination.

The Wis. Stats. and administrative rules can be obtained from the Department website at <http://dsps.wi.gov>. You will need the most current edition. This contains information needed to answer the exam questions.

Exam Instructions:

Once your completed application at DSPS is received and processed, you will be assigned a test name, password, instructor name, and a six digit ID. Please view **your on-line application status query page** to obtain this information.

Supervision – ISW Applicants only: (Wis. Admin. Code § MPSW 3.07 and 4)

Supervision of APSW practice of social work includes the direction by an approved supervisor (**see list of approved supervisors below**) of social work practice in face-to-face individual or group sessions of at least one hour duration, during each week of supervised practice of social work. Also, must engage in the equivalent of two (2) years of full-time supervised social work practice approved by the Social Worker Section.

Approved Supervisors:

1. A Licensed Clinical Social Worker with a Master's or Doctorate degree in social work.
2. A Certified Independent Social Worker with a Master's or Doctorate in social work.
3. Another individual approved **in advance** by the Social Worker Section.

The status of your application may be viewed at <http://dsps.wi.gov> under “Online Services.” Please check status before contacting Department of Safety and Professional Services.

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MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

SOCIAL WORKER APPLICATION

Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK <input type="checkbox"/> Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).			
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
Address (street, city, state, zip) <input type="text"/>		Daytime Telephone Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
Mailing Address (if different) <input type="text"/>		Date of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	
Social Security # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.	
Ethnicity/gender status information is optional. Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Have you ever been licensed in Wisconsin as a Social Worker, Advanced Practice Social Worker, or Independent Social Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input type="text"/>			
Email Address <input type="text"/>			
Credential Type You Are Applying For: (check one) <input type="checkbox"/> (120) Social Worker (CSW): I have a Bachelor's, Master's or Doctoral degree in social work from a program accredited by, or a pre-accreditation program of, the council on social work education (CSW). <input type="checkbox"/> (121) Advanced Practice Social Worker (CAPSW): I have a Master's or Doctoral degree in social work from a program accredited by, or a pre-accreditation program of, the council on social work education. <input type="checkbox"/> (122) Independent Social Worker (CISW): I have a Master's or Doctoral degree in social work from a program accredited by, or a pre-accreditation program of, the council on social work education. After receiving my master's or doctorate degree, I have engaged in at least 3,000 hours of full-time supervised social work practice in no less than two (2) years, and was supervised by an approved supervisor.			

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- | | |
|---|---|
| <input type="checkbox"/> I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see page 2 for further information) | |
| <input type="checkbox"/> Initial Credential/New Graduate
\$ 62.00 Initial Credential Fee
\$ 75.00 State Law Exam Fee
\$ 15.00 Contract Exam Fee
\$152.00 Total Fee Attached | <input type="checkbox"/> I have taken State Law and have been credentialed in the last five (5) years as a:
<input type="checkbox"/> CSW <input type="checkbox"/> APSW <input type="checkbox"/> ISW
\$62.00 Initial Credential Fee
\$15.00 Contract Exam Fee
\$77.00 Total Fee Attached |
| <input type="checkbox"/> Request for a Temporary Credential (available to all levels, but not for reciprocal or social work training certificate applicants)
\$ 10.00 (is required in addition to the above fee and is non-refundable) | |
| <input type="checkbox"/> Reciprocal Applicants (for persons credentialed in another state at the same level)
\$ 62.00 Reciprocal Initial Credential Fee
\$ 75.00 State Law Exam Fee
\$137.00 Total Fee Attached | |

For Receipting Use Only (120/121/122)

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PROFESSIONAL EDUCATION: (post-secondary schools, locations, degrees, and dates of graduation) Attach additional sheets if necessary.

School(s) Name:

School(s) Address (city, state):

Degree/Major(s):

Graduation Date(s):

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		/			/				

THE FOLLOWING ITEMS ARE REQUIRED DOCUMENTS FOR PROCESSING APPLICATIONS UNLESS OTHERWISE NOTED:

120 Social Worker (CSW)

- ☐ Application (**Form #1992**) and appropriate fee
- ☐ Certificate of professional education (**Form #1978**), required after graduation
- ☐ Wisconsin Statutes and Rules Examination
- ☐ Letters from all State Boards where licensed, active and inactive
- ☐ Rules and Regulations from state of licensure, for reciprocal applicants only
- ☐ Convictions and Pending Charges (**Form #2252**), if applicable
- ☐ Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- ☐ Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

121 Advanced Practice Social Worker (CAPSW)

- ☐ Application (**Form #1992**) and appropriate fee
- ☐ Certificate of professional education (**Form #1978**), required after graduation
- ☐ Wisconsin Statutes and Rules Examination (**if not taken within last five (5) years**)
- ☐ Letters from all State Boards where licensed, active and inactive
- ☐ Rules and Regulations from state of licensure, for reciprocal applicants only
- ☐ Convictions and Pending Charges (**Form #2252**), if applicable
- ☐ Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- ☐ Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

122 Independent Social Worker (CISW)

- ☐ Application (**Form #1992**) and appropriate fee
- ☐ Certificate of professional education (**Form #1978**), required after graduation
- ☐ Wisconsin Statutes and Rules Examination (**if not taken within last five (5) years**)
- ☐ Letters from all State Boards where licensed, active and inactive
- ☐ Rules and Regulations from state of licensure, for reciprocal applicants only
- ☐ Convictions and Pending Charges (**Form #2252**), if applicable
- ☐ Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- ☐ Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under "License, Permits, and Registrations" and select "Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? ☐ Yes ☐ No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? ☐ Yes ☐ No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVETS.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the "Professional Credential Renewal Information."

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I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S): (include all active and inactive states)

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For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Social Work Section. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

FOREIGN DEGREES

Was your degree issued by a school outside of the U.S.? ☐ Yes ☐ No

Was the degree program in English? ☐ Yes ☐ No

Applicants with a degree awarded by a foreign institution of higher learning are required to submit verification from the Council of Social Work Education (CSWE) that the degree has been determined by the CSWE to be equivalent to a program accredited by the CSWE.

CSWE Council of Social Work Education

Division of Standards and Accreditation

1725 Duke Street Suite 500

Alexandria VA, 22314-2457

Telephone: (703) 519-2044

FAX: (703) 739-9048

If the applicant's education was not received in English, the applicant must demonstrate proficiency in English by achieving a score of 550 (or 213 on the computer-based exam) or above on the test of English as a foreign language (TOEFL) or an equivalent scores on an equivalent examination.

TOEFL contact information: (609) 771-7100

SUPERVISED SOCIAL WORK EXPERIENCE: (to be completed by applicants for CISW only)

Do Not complete this Section if you are applying for basic Social Worker Certificate, or Advanced Practice Social Worker License.

All supervisors are legally and ethically responsible for the activities of the social worker supervisee. Supervisors shall be available or make appropriate provision for emergency consultation and intervention. Supervisors must be able to interrupt or stop the supervisee from practicing in given cases and to stop the supervised relationship if necessary.

Supervision – ISW Applicants only: (Supervised Pre-Certification Practice per Wis. Adm. Code § MPSW 3 and 4)

Supervision of Pre-Certification practice of social work includes the direction by an approved supervisor of social work practice in face-to-face individual or group sessions of at least one-hour duration, during each week of supervised practice of social work. Also, must engage in the equivalent of two (2) years of full-time supervised social work practice approved by the Social Worker Section.

I have engaged in supervised social work practice at the following: (If you need additional space, attach an additional sheet with your name and date of birth at the top of this sheet.)

Agency Name:

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Location of Agency: (address)

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Dates: From:

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 To:

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Hours

Week

Total Hours

<table border="1"><tr><td></td></tr></table>		x	<table border="1"><tr><td></td></tr></table>		=	<table border="1"><tr><td></td></tr></table>	

Position/Title::

Practice Supervisor's Name: (CISW/CICSW/LCSW)

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Credential #:

Volunteered/Employed:

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Wisconsin Department of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Do you hold a certificate from the Academy of Certified Social Workers (ACSW)? If yes, request ACSW to submit written verification of your certification directly to the Social Worker Section. See Wis. Adm. Code § MPSW 3.07(4).	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you a Board Certified Diplomate (BCD) of the American Board of Examiners in Clinical Social Work? If yes, request the Board to submit written verification directly to the Social Worker Section. See Wis. Adm. Code § MPSW 4.01(4).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever applied for and been denied a credential (license, certification, or registration) in any profession? If yes, give details on an attached sheet, including the name of the profession and the licensing authority.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Has your credential (license, certification, or registration) in any profession ever been restricted, revoked, suspended, limited, surrendered, canceled, or has any other disciplinary action been taken against it in Wisconsin or any other jurisdiction? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever surrendered or canceled your credential (license, certification, or registration) in lieu of disciplinary proceedings by the issuing authority in any profession in Wisconsin or any other jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been the subject of a disciplinary action by a regulatory committee of a professional association? If yes, give details on an attached sheet, including the name of the association.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is disciplinary action pending against you in any jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the authority.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims (Form #2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Is there anything that will prevent you from performing the essential tasks of this profession as generally understood in the profession and as defined in Wisconsin Statutes? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Have you ever been involuntarily terminated from any behavioral health or related employment for unprofessional conduct? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Do you hold or have you ever held a Social Worker Training certificate? If yes, give credential number <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Are you applying for CISW, do you hold an Advanced Practice Social Worker certificate in Wisconsin? If yes, provide credential number: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

16.	If yes to question 9 above, did you apply for a predetermination of the conviction(s)? If YES, proceed to question 17. If NO, submit Convictions and Pending Charges Form #2252 and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	If yes to question 16, did you receive an approval letter? If Yes, proceed to question 18. If NO, submit Convictions and Pending Charges Form #2252 and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	If yes to question 17, since the date of your approval letter have you been convicted of a misdemeanor, felony or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state or local law charged pending against you in this state or any other? This includes ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If Yes, submit Convictions and Pending Charges Form #2252 and supporting documentation. If NO, do not submit Convictions and Pending Charges form #2252.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /